



HUDSON CITY SCHOOL DISTRICT
DISTANCE LEARNING AGREEMENT AND WAIVER
INTRODUCTION

"Distance learning" technology provides students with unique opportunities to receive instruction and to participate in educational programs which would otherwise be unavailable to them due to the distance or cost involved. However, due to the very nature of distance learning, each student must accept a higher level of responsibility for his/her participation and behavior in order for the program to be successful. Also, students and parents must be willing to allow the audio and/or video transmission of student activities to remote locations to be heard and/or viewed by persons within or outside the Hudson City School District.

Therefore, in order to participate in any distance learning offering of the Hudson City School District, each student and his or her parent/guardian (if the student is under 18) is required to sign this form.

STUDENT AGREEMENT

Due to the special nature of distance learning programs, I hereby agree to abide by the following conditions for my participation in any distance learning course or offering of the Hudson City School District:

1. I will not behave in a manner which is disruptive or distracting to other students. This includes wearing clothing or otherwise having an appearance that, in the opinion of the instructor or supervisor, is disruptive or distracting to other students.
2. I will follow the instructor's directions for participating in the activity.
3. I will not use language or gestures that are obscene, vulgar, profane, or sexually suggestive.
4. I will participate in classroom discussions or other learning activities to the best of my abilities.
5. My voice, image, physical presence, and participation in class activities may be electronically recorded at any time and may be transmitted to instructors, students, and other persons in remote locations as part of the distance learning course or program.

I understand that my failure to follow the above rules and conditions may result in my being removed from the distance learning class or activity. If I am signing this Agreement when I am under 18, I understand that I must continue to abide by this Agreement after I am 18.

Student Name (PRINT CLEARLY)

Home phone

User (place and "X" in the correct blank): I am 18 or older I am under 18

Student signature

Date

Please complete both sides. Parent signature required.



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**PARENT'S PERMISSION FORM FOR DISTANCE LEARNING ACTIVITY
(Required if student under 18)**

I am the parent/guardian of the following student who wishes to participate in a distance learning activity of the Hudson City School District:

Name of Student

Due to the special nature of distance learning activities, I understand that it is necessary for my son/daughter/ward to be photographed, videotaped, or recorded as part of the remote classroom or other learning activity.

I, therefore, give my permission for the above student to be photographed, videotaped, or recorded for purposes of distance learning activities, and for his/her voice and image to be transmitted and viewed by instructors, students, and other persons at remote locations who are involved in the distance learning activity.

Parent or Guardian name(s) (PRINT CLEARLY)

Home phone

Parent or Guardian signature(s)

Date

Please complete both sides. Student signature required.